

## Important information about this form:

- Fill out this form to change the Beneficiary's residential address or the mailing address on the account.
- Submit a separate form for each unique address change.
- All account communications and statements are sent to the mailing address on file.
- You must wait 30 days from when you make an address change before you can make a check withdrawal unless you provide a Medallion Signature Guarantee (**Step 5**).
- A notarization acknowledgement is required for an Entity Account or an Account for which the individual completing the form is acting in a legal capacity as a representative of the Account Owner (**Step 5**).

## Need help?

Give us a call Monday – Friday  
from 6am – 5pm PT at

**1-844-529-5845**

Individuals with speech or  
hearing disabilities may dial 711  
to access Telecommunications  
Relay Service (TRS) from a  
telephone or TTY.

## Mail the form to:

DreamAhead College  
Investment Plan  
P.O. Box 9661  
Providence, RI 02940-9661

## Overnight Mail:

DreamAhead College  
Investment Plan  
4400 Computer Drive  
Westborough, MA 01581

## 1 DreamAhead account information

\_\_\_\_\_  
Name of Account Owner (First and last)

\_\_\_\_ \_ - \_\_\_\_ \_ - \_\_\_\_ \_  
Account Owner's Social Security or Taxpayer Identification Number

\_\_\_\_ \_ - \_\_\_\_ \_ - \_\_\_\_ \_ - \_\_\_\_ \_  
DreamAhead account number

## 2 Which addresses do you want to change?

(Select all that apply if the addresses are the same)

- ☐ Beneficiary's residential address
- ☐ Mailing address

### 3 New address

If you're updating either the Account Owner/Custodian's or Beneficiary's address, it cannot be a P.O. box.

\_\_\_\_\_  
Street address 1

\_\_\_\_\_  
Street address 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Telephone number

### 4 Sign the form

By signing this form, you're confirming the information provided is true for the change of address.

You must wait 30 days from when you make an address change before you can make a check withdrawal to this address unless you provide a Medallion Signature Guarantee (**Step 5**).

\_\_\_\_\_  
Signature of Account Owner/Custodian/Authorized Representative  
of Entity

\_\_\_\_\_  
Date (mm/dd/yyyy)

## 5 Notarization acknowledgement

### Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- You cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the Account.

### Only sign if you are in the presence of a notary public or other officer providing notarization.

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto

set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Day (#)                      Month                      Year

\_\_\_\_\_  
Signature of Account Owner/Authorized Representative of Entity

State of Washington, County of \_\_\_\_\_

This instrument was acknowledged before me

☐ physical presence    ☐ online notarization

on \_\_\_\_\_  
Date (mm/dd/yyyy)

by \_\_\_\_\_  
Name of person (First and last)

My term expires: \_\_\_\_\_  
Date (mm/dd/yyyy)

**Notary Public (Seal)**

\_\_\_\_\_  
Signature of Notary Public